2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # S88352** GULF COAST MEDICAL TRANSCRIPTION, INC. 03-16-2001 90008 024 ***150.00 Principal Place of Business Mailing Address 2001 NATALIE STREET P.O. BOX 16572 PANAMA CITY FL 32405 PANAMA CITY FL 32406-6572 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3093301 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, NANCY Street Address (P.O. Box Number is Not Acceptable) 2001 NATALIE STREET PANAMA CITY FL 32405 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition ☐ Delete TITLE LOPEZ, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 2001 NATALIE STREET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Addition TITLE ☐ Delete TITLE Change Change LOPEZ, EDWIN J. NAME NAME STREET ADDRESS 2001 NATALIE STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL 32405 TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

02-02-01 850-747-3641

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